

RH 8/6/12

Compost	State of North Carolina	COMPOST
	Department of Environment and Natural Resources	Facility Annual Report
	Division of Waste Management	For the period of July 1, 2011-June 30, 2012

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Brown Creek Correctional Institution Permit: 0404-COMPOST- ID: P1018

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>248 Prison Camp Road</u>	Street 1: <u>P. O. Box 310</u>
Street 2: _____	Street 2: _____
City: <u>Polkton</u> County: <u>Anson</u>	City: <u>Polkton</u>
State: <u>North Carolina</u> Zip: <u>28135</u>	State: <u>North Carolina</u> Zip: <u>28135</u>



Primary Facility Contact Person	Billing Contact Person
Name: <u>Herbert L. Jackson</u>	Name: <u>Wanda Steele</u>
Phone: <u>(704) 694-2622</u> Fax: <u>(704) 694-2709</u>	Phone: <u>(704) 694-2622</u> Fax: <u>(704) 694-2709</u>
Email: <u>herbert.jackson@ncdps.gov</u>	Email: <u>wanda.steele@ncdps.gov</u>

1. Tipping Fee: \$ _____ per Ton (Attach a schedule of tipping fees if appropriate.)
2. Please attach results of monthly temperature monitoring for the period of July 1, 2011 thru June 30, 2012.
3. For Type II, III, and IV facilities, attach results of tests (Waste Analysis with metals, foreign matter and pathogens) as required in Table 3 of Rule 15A NCAC 13B .1408 for the period of July 1, 2011 thru June 30, 2012. **Current Rules state that "Compost shall be analyzed at intervals of every 20,000 tons of compost produced or every six months, whichever comes first."**
4. What type and quantity of waste was composted by your facility?

Materials COMPOSTED	Check X if Received	Tons RECEIVED	Tons COMPOSTED	Unusable Tons DISPOSED
Yard Waste	<input type="checkbox"/>			
Clean Wood	<input type="checkbox"/>			
Sawdust	<input type="checkbox"/>			
Wooden Pallets	<input type="checkbox"/>			
Food Waste	<input type="checkbox"/>			
Animal Waste	<input type="checkbox"/>			
Sludge and Biosolids	<input type="checkbox"/>			
Grease Trap Waste	<input type="checkbox"/>			
Animal Mortalities	<input type="checkbox"/>			
Sheetrock	<input type="checkbox"/>			
Commingled (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
TOTAL				

NONE

No composting has been done due to machine being out of order since May 3, 2011.

5. What type and quantity of compost was produced and removed from your facility?

Type	Tons CREATED	Tons USED On Site	Tons SOLD to Public	Tons GIVEN to Public	Tons STOCKPILED	Tons DISPOSED	Other
Mulch		NONE					
Grade A Compost							
Grade B Compost							
Other							
Other							
TOTAL							

6. Indicate waste received at this compost facility during the period of July 1, 2011, through June 30, 2012. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE if received from another state.

[illegible]

7. Did your facility stop receiving waste during this past Fiscal Year? ☒ Yes ☐ No

Grand Total	
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If so, please report the date this occurred: May 3, 2011

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please send your completed report to:

Robert Hearn
1646 Mail Service Center
Raleigh, NC 27699-1646
phone: 919.707.8292 email: Robert.Hearn@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: H2 Jackson

Date: July 26, 2012

Name: Herbert L. Jackson

Title: Correctional Administrator I

Phone Number: (704) 694-2622

Email: herbert.jackson@ncdps.gov